

The budget also includes an increase for homeless "policy academies" that bring state policymakers together to improve service coordination at the state and local levels.

Other budget items include: a New Freedom Initiative demonstration project with the Centers for Medicare & Medicaid Services to allow selected states to establish home- and community-based alternatives for children who previously would have been served in Medicaid-funded residential treatment centers; grants to assist states in developing programs for individuals with co-occurring mental and addictive disorders; and grants to help states

decrease use of seclusion and restraints in mental health facilities.

### Program Management

The Fiscal Year 2004 budget includes \$85 million to support increased contribution to the Agency's national surveys. The request includes savings of \$2 million associated with the President's Management Agenda. The reduction reflects anticipated savings from future competitive sourcing of commercial activities, as well as savings in other administrative areas.

U.S. Health and Human Services Secretary Tommy G. Thompson said, "The fact that the budget contains so much investment in the health and welfare of Americans demonstrates President Bush's unwavering commitment to the well-being of our citizens, including those most in need. With this budget, the President recognizes that America's greatest asset is its people, and he invests in making its people as strong and healthy as possible."

For more information, go to <http://hhs.gov/budget/docbudget.htm> and click on "FY 2004 Budget in Brief." ▀

—By Rebecca A. Clay

## Transition to Adulthood: SAMHSA Helps Vulnerable Youth

What happens to youth with serious emotional disturbances as they approach adulthood? What happens when they turn 18, if they've been receiving services through the children's mental health service system, and are no longer eligible to receive them?

Partnerships for Youth Transition, an innovative cooperative agreement program launched last fall, is a unique initiative that is seeking solutions. The 4-year program, funded by SAMHSA's Center for Mental Health Services (CMHS) in partnership with the U.S. Department of Education, offers long-term support to young people with serious emotional disorders and emerging serious mental illnesses during the crucial developmental window between the ages of 14 and 25.

"A major goal of the program is to develop models of comprehensive youth transition services to the point where they can be evaluated scientifically for their effectiveness in the future," said Diane Sondheimer, M.S.N., M.P.H., C.P.N.P. Ms. Sondheimer, who initiated and co-directs the program, is Acting Chief of the CMHS Child, Adolescent, and Family Branch.

The program's potential impact on public health is significant, given that experts estimate that between 2 million and 6.5 million youth in transition are believed to have a psychiatric disorder. The majority of these youth remain

undiagnosed and underserved due to a lack of coordination across support service systems.

Traditional mental health support services help adults *or* children and adolescents in separate systems of care. Unfortunately, they

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do not accommodate the particular needs of young people entering adulthood, who are struggling to further their education, live independently, find and keep jobs, and nurture personal and professional relationships.

According to Crystal Blyler, Ph.D., an employment and evaluation expert in the CMHS Community Support Programs Branch, who is co-directing the program, "The two systems often don't have much communication between them. One reason is that in the children's system, diagnoses such as conduct disorder and attention deficit disorder are prevalent, whereas the adult system serves clients with different diagnoses, such as schizophrenia and mood disorders."

As a result, Dr. Blyler said, "A lot of the kids graduating out of the children's system don't get picked up in the adult system by virtue of their diagnoses." Other changes at age 18 can include cutoffs in clients' social security benefits and a shift from juvenile to adult criminal justice systems.

"It's a cutoff age where adolescents have to change all kinds of systems and supports, so a lot of youth lose services," said Dr. Blyler.

### **Partnerships for Youth Transition**

For coming-of-age youth with serious emotional disorders and serious mental illnesses, this void of continuous support services leaves them bereft of guidance and support when they are at especially high risk and vulnerable to unemployment, homelessness, substance abuse, unplanned pregnancies, arrests and incarceration, and to dropping out of secondary school. Partnerships for Youth Transition is intended to address this paucity of transitional assistance for overcoming such hurdles.

In September 2002, five applicants were awarded nearly \$500,000 per year for 4 years to create and launch model programs to usher high-risk youth into their adult years.

The grantees—in Maine, Minnesota, Pennsylvania, Utah, and Washington State—

are developing culturally competent programs, involving youth and their families in program planning, and providing services as varied as age-appropriate mental health care, educational support services, substance abuse prevention services, vocational training and career development, and services to help teens develop life and socialization skills. (See box, p. 7.)

Grantees can also receive help from the Technical Assistance Center on Youth Transition at the Florida Mental Health Institute, University of South Florida, Tampa. The Technical Assistance Center was created by a partnership between SAMHSA, the Annie E. Casey Foundation, and the Jim Casey Youth Opportunities Initiative.

A variety of innovative programs for youth in transition already exist. Connecticut, Vermont, and Ohio have initiatives for helping youth shift from child to adult mental health systems and beyond. In addition, two California communities that are 6-year grantees of SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program have helped this transitional population, using strategies ranging from job-training skills to independent living programs.

However, these efforts lack control groups and formal evaluation components, and researchers have not assessed their effectiveness empirically. Ms. Sondheimer noted, "There are a lot of transitional programs out there, but none of them—to the extent they need to be—have been rigorously evaluated as a best-practice model."

### **Origins**

The idea for the Partnerships program grew out of a June 2000 meeting sponsored by the National Association of State Mental Health Program Directors (NASMHPD) and supported by SAMHSA. The national experts, Federal agency officials, and youth and family members who gathered were aware that fragmented and short-term funding sources sorely limited the scope of populations that



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could be served by most transitional services. Without more consistent cash flow, those gathered predicted that comprehensive and developmentally appropriate systems of care for youth in transition would develop "at a snail's pace." Participants, therefore, pledged to "promote the development of active partnerships between State mental health authorities and other key stakeholders to improve systems serving adolescents who are making the transition from child to adult systems of care."

Following the meeting, SAMHSA staff began seeking Federal and private foundation partnerships to develop a program.

CMHS Acting Director Gail Hutchings, M.P.A., who was Deputy Executive Director of NASMHPD when the June 2000 meeting took place, said the ultimate goal of the program is to help youth become successful adults. To that end, the program will teach them skills that will help them to complete high school, enroll in post-secondary education, thrive in the workplace, and find and keep independent housing.

"Providing appropriate mental health and other types of services is a necessary component of the grant program, but the



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ultimate goal is for provision of these services to lead to real success in the lives of the youth they serve," Ms. Hutchings said. "In the long run, we hope that launching these youth on the right track early in adulthood will help to prevent many of the long-term negative outcomes of chronic mental illness."

For more information about Partnerships for Youth Transition, contact Diane Sondheimer at the CMHS Child, Adolescent, and Family Branch, SAMHSA, Room 11C-16, 5600 Fishers Lane, Rockville, MD 20857, or by e-mail at [dsondhei@samhsa.gov](mailto:dsondhei@samhsa.gov). Telephone: (301) 443-1334. ■

—By Peggy Dillon

## Grantees: Partnerships for Youth Transition

- **Maine's Department of Behavioral and Developmental Services** is operating "Portfolio for Success," which is unique in including youth with newly emerging serious mental illnesses in its target population. The state is partnering with the Maine Medical Center, which provides evidence-based mental health treatment services and cutting-edge employment services.
- **Minnesota's PACT 4 Families (Putting All Communities Together) Collaborative**—a joint-powers agreement among county governments, public school districts, and more than 85 other partners—is expanding an existing model of individualized support for young people into a rural model of a complete system of care for mental health at all stages of a person's life.
- **Pennsylvania's Allegheny County Department of Human Services** is running its "Comprehensive Youth Transition" program, which coordinates a comprehensive set of services for youth and their

families that ranges from mental health treatment to housing assistance to enhancing living skills to job training and assistance.

- **Utah's Division of Mental Health** and partnering organizations are operating "Project RECONNECT (Responsibilities, Education, Competency, Opportunities, Networking, Neighborhood, Employment, and Collaboration for Transition)" to mobilize and coordinate community resources to help youth at risk maximize their potential en route to adulthood.
- **Washington State's Clark County Regional Support Network** is building upon its existing system of care for transition-age youth to further develop a comprehensive, integrated system via enhancements that include previously developed models of the Transition to Independence Project and the Transitional Assertive Community Treatment team. ■